

1 AUG 16 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25317

State File No. _____

REGISTRATION DISTRICT NO. 390A

Primary Registration District No. 4229

Registrar's No. _____

1. PLACE OF DEATH:
(a) County IRON
(b) City or town DES ARC MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community LIFE
years, months or days)

3. (a) PRINT FULL NAME WELMON WAYNE LEWIS
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased JULY 1940
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-------|--------|-----------|----------------------|
| | | | <u>26</u> | hr. _____ min. |

9. Birthplace DES ARC MO U
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name WELMON S. LEWIS
13. Birthplace DES ARC MO U
(City, town, or county) (State or foreign country)
14. Maiden name CECILA FOSTER
15. Birthplace PIEDMONT MO U
(City, town, or county) (State or foreign country)

16. (a) Informant WELMON LEWIS
(b) Address DES ARC MO

17. (a) BURIAL (b) Date thereof 7-28-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation DES ARC CEMETERY

18. (a) Signature of funeral director Geo. O. Lumbel
(b) Address Springfield MO

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County IRON
(c) City or town DES ARC MO
(If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day _____
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from July 20, 1940, to July 20, 1940;
that I last saw him alive on July 20, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pertussis
Duration 10 days

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 947
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Ben W. Bull (M. D. or other) M.D.
Address Princeton, Mo. Date signed 7-27-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. 7/140
working under my personal supervision.

Signed Leo P. Leuchel

Licensed Embalmer No. 3475

P. O. Address Fronton Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25-317

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 390A

Primary Registration District No. 4229

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Shannon

(b) City or town Des Arc Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME WELMON WAYNE LEWIS

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

20. DATE OF DEATH Month July day 28 - 40
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from July 20, 1940 to July 20, 1940
that last saw him alive on July 20, 1940
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced _____

6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased. (Month) (Day) (Year)

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day _____ min.

9. Birthplace Des Arc Mo.
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation _____

11. Industry or business _____

12. Name WELMON WAYNE LEWIS

13. Birthplace Des Arc Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Clerna Foster

15. Birthplace Piedmont Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Welman Lewis

(b) Address Des Arc Mo.

17. (a) _____ (b) Date thereof. (Month) (Day) (Year)

(c) Place: burial or cremation _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

18. (a) Signature of funeral director Geo. B. Lenechal

(b) Address Shannon Mo.

19. (a) _____ (b) Miss R. A. Stevenson
(Date received local registrar) (Registrar's signature)

23. Signature Ben M. Ball (M. D. or other) _____

Address Shannon Mo. Date signed _____

TEMPORARILY

